

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
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28		/					78				
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32		/					82				
33		/					83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				